

Contract and checklist for self- administration of injections

- I have chosen self-injection and I am aware of the alternatives.
- I am able to keep medicine and equipment safe at home.
- I am aware of the safety aspects of self-administering, including safe disposal of needles, vials and syringes.
- I have received training, either face to face or by reading the information provided.
- I have the necessary skills and knowledge to self-administer.
- I am aware of monitoring requirements (if any).
- I agree to administer the first injection during Health Centre opening hours and I know who to contact if I have any concerns.

I agree that I have read, understood and intend to follow the information given, in order to inject myself safely.

First Name	
Surname	
DOB	
Date	
Signature	Print name below and tick box to confirm :
<input type="checkbox"/>	